

## Cryotherapy Intake and Consent Form

### Localized Cryotherapy

Uses the same sub-zero temperatures to target pain and soreness and advance healing and recovery! Localized Cryotherapy is fast and effective in relieving pain, inflammation, and swelling in specific areas without the use of medication or invasive procedures. The localized cryotherapy device from Proactive M+B uses pressurized CO2 gas at -110°F to target a specific area of the body for 3–10 minutes and cause “thermal shock.” The sudden decrease in temperature rapidly activates the body’s healing response to relax muscles, promote the flow of blood and nutrients, and reduce pain.

### CryoFacial

CryoFacials are used to boost blood flow to the face and neck, which accelerates collagen production and tightens the skin. CryoFacials give skin a toned and tightened appearance, as well as reduce the appearance of dark circles, puffiness, scars, eczema, psoriasis, rosacea, and other inflammatory skin issues.

### General Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Pronouns: \_\_\_\_\_ Referred by: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Emer. Contact Phone #: \_\_\_\_\_

Occupation: \_\_\_\_\_

How do you use your body at work?  Standing  Sitting  Computer use  Heavy Objects

Are you wearing contact lenses? \_\_\_\_\_ Do you exercise regularly? \_\_\_\_\_

Are you allergic/sensitive to any foods, oils, lotions, candles, or scents? \_\_\_\_\_

Have you recently had surgery, a severe illness, or an accident?  Yes  No If yes, when did it occur? \_\_\_\_\_

Are you currently under the care of a healthcare provider for an injury or on-going illness?  Yes  No

Please explain: \_\_\_\_\_

Are you currently taking any medications?  Yes  No Please list: \_\_\_\_\_

## Precautions

- Fluctuations in blood pressure due to peripheral vasoconstriction. (whole body cryotherapy only)
- Allergic reaction to extreme cold
- Anxiety
- Temporary Skin Redness
- Skin Burns

## Contraindications or Precautions for Whole-Body Cryotherapy

- Acute Infections
- A History of Stroke
- Myocardial Infarction
- Anemia (including Agammaglobulinemia, Cryoglobulinemia, Cryofibrinogenemia)
- Anti-psychotic Meds (Neuroleptics)
- Bleeding/Clotting Disorders
- Cancer (Active)
- Chemotherapy (currently receiving)
- Chronic Obstructive Pulmonary Disease
- Claustrophobia
- Cold Urticaria (cold induced rash/hives)
- Concussion
- Congestive Heart Failure
- Deep Vein Thrombosis (DVT)
- Diabetes
- Diseases of the CN System
- Emaciation
- Fever
- Heart Arrhythmia
- Heart Disorders
- Heart Surgeries
- Hypotension BP<90/60
- Hypothyroidism
- Intolerance to cold or cold induced allergies
- Ischemic Heart Disease
- Kidney Disease
- Liver Disease
- Local Blood Circulation Disorders
- Neuropathies of the Sympathetic Nervous System
- Peripheral Arterial Occlusive Disease (PAOD)
- Pregnancy
- Pacemaker
- Reactive Airway Disease
- Renaud's Disease
- Severe or Cold Induced Asthma
- Severely Damaged Skin
- Symptomatic Cardiovascular Disease
- Symptomatic Lung Disorders
- Uncontrolled High Blood Pressure BP>160/100 (hypertension)
- Uncontrolled Seizure Disorder/Epilepsy
- Under the influence of Alcohol or other recreational drugs
- Unstable Angina Pectoris
- Valvular Heart Disease
- Vasculiti

## Contraindications For Localized and CryoFacial

- Botox in the last 48 hours
- Dermal fillers in the past six weeks
- Piercings in the treatment area
- Metal plates or implants in the treatment area

## Note

We cannot evaluate your medical conditions, medications, allergies, or surgeries with regards to the safety of Cryotherapy use. If you have any questions about the status of your health, please consult your physician before engaging in any service.

## Age Restrictions

Proactive Massage + Bodywork does NOT recommend localized Cryotherapy or the CryoFacial for children under the age of 12. Customers are required to be a minimum of 16 years of age for use of the Whole-Body Cryotherapy chamber.

## Safety Instructions for Whole Body Cryotherapy

- You must wear the closed-toe sandals, gloves, socks, and face mask provided during the session to avoid chilblains. We also suggest wearing underwear for extra protection.
- Treatments are limited to 3 minutes to avoid the risk of overexposure to the cold temperatures.
- You may end the session at any time.
- A trained member of the Proactive Massage + Bodywork team will be monitoring your session the entire time.

## Waiver of Liability and Hold Harmless Agreement

1. In consideration for using the services, therapy, and machines (hereinafter referred to as "Treatment"), I hereby release, waive, discharge, and hold harmless Proactive Massage + Bodywork, LLC, its officers, servants, agents, employees, and volunteers (hereinafter referred to as "Releasees") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained by any person, while using the equipment, or due to the use of the Treatment.
2. I hereby confirm that no warranty, guarantee, or other assurance has been made to me covering the results of the Treatment, and I hereby relieve them and hold them harmless from all liabilities for injury or damage that may occur to me. I fully understand the administration of the process, including possible adverse reactions, side effects, or other possible complications. It is understood that this consent is being given in advance of any administration of the process and is being given by me voluntarily to use the Treatment.
3. I am fully aware of the risks and hazards connected with the use of the Treatment, including the risk of physical injury or disability as the result of such injury, and I am voluntarily participating in said Treatment usage and entering the above-named premises to engage in such usage. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury that may be sustained, or for any loss or damage to property as a result of being engaged in such an activity. I further hereby agree to indemnify and hold harmless the Releasees from any loss, liability, damage, or costs that may incur due to my use of the Treatment. I understand that the Proactive Massage + Bodywork, LLC therapists are not qualified to diagnose or perform medical procedures, and nothing said during the Treatment session should be construed as such.
4. Prior to using the Treatment, I affirm that I have stated all my known medical conditions and answered all questions honestly. I further agree to update Proactive Massage + Bodywork, LLC as to any changes in my medical profile that may impact or limit my ability to utilize the Treatment and agree to defend and indemnify Proactive Massage + Bodywork, LLC and the above-named releases for failure to do so.

### My signature below constitutes my acknowledgment that

(1) I have read, understand, and fully agree to the foregoing consent; (2) the proposed Treatment process has been satisfactorily explained to me, and I have all the information I desire; and (3) I hereby give my authorization and consent. This consent shall stand as long as I use the Treatment at the location now and in the future. I have read the instructions for proper use of the facilities and do so at my own risk. I hereby release the owners, operators, franchisers, or manufacturers from any damage or harm that I might incur due to the use of the Treatments or facilities.

In signing this release, I acknowledge and represent that I have read and understand the foregoing Waiver of Liability and Hold Harmless Agreement, I am at least eighteen (18) years of age and fully competent, and that I execute this Release for full, adequate, and complete consideration, fully intending to be bound by same.

Furthermore, I agree that I will comply with all instructions on the use of the Treatment and that I am using these services at my own risk. I agree to use all sessions within the terms of the contract dates and understand that refunds are not given on unused portions of purchased packages.

\_\_\_\_\_  
Client's Name (Please Print)

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

### Parental Consent Form For Minors Under The Age of 18

If the client is under 18 years of age, parental consent is required. Please complete the form below for the consent of a minor; I, \_\_\_\_\_ (print name of parent or legal guardian), acknowledge that I have read and understand the Proactive Massage + Bodywork, LLC Waiver of Liability and Hold Harmless Agreement, as well as the contraindications and waiver of risk. My son or daughter, \_\_\_\_\_ (print the name of the minor), has also read the Waiver of Liability and Hold Harmless Agreement and agreed to the contraindications and waiver of risk. I give consent on behalf of my minor to voluntarily undergo Treatment.

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor's Name (Please Print)

\_\_\_\_\_  
Minors Signature

\_\_\_\_\_  
Date